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Abstract: Background: The terms used for defining complementary and alternative medicine (CAM) including the methods, procedures and therapies vary greatly. The task of the CAMbrella working group on terminology was to explore the existing CAM terminologies and to develop a pragmatic definition of CAM that is acceptable Europe-wide. This can then be used to systematically research, e.g., its prevalence and legal status and to investigate the citizens' demands on CAM and the perspectives of providers of CAM in Europe. Methods: Terms and definitions were collected from both scientific and non-scientific sources. The terms and definitions identified were analysed and discussed among the CAMbrella working group participants on several occasions with the aim of arriving at a consensus. Results: We developed a proposal for a pragmatic European definition of CAM: 'Complementary and alternative medicine (CAM) utilised by European citizens represents a variety of different medical systems and therapies based on the knowledge, skills and practices derived from theories, philosophies and experiences used to maintain and improve health, as well as to prevent, diagnose, relieve or treat physical and mental illnesses. CAM has been mainly used outside conventional health care, but in some countries certain treatments are being adopted or adapted by conventional health care.' Conclusion: Developing a uniform, pragmatic pan-European definition of CAM was complicated by a number of factors. These included the vast diversity of existing definitions, systems, disciplines, procedures, methods and therapies available within the EU.

DOI: <https://doi.org/10.1159/000343812>

Posted at the Zurich Open Repository and Archive, University of Zurich

ZORA URL: <https://doi.org/10.5167/uzh-76093>

Journal Article

Published Version

Originally published at:

Falkenberg, T; Lewith, G; di Sarsina, P R; von Ammon, K; Santos-Rey, K; Hök, J; Frei-Erb, M; Vas, J; Saller, R; Uehleke, B (2012). Towards a pan-european definition of complementary and alternative medicine - a realistic ambition? *Forschende Komplementärmedizin*, 19(suppl 2):6-8.

DOI: <https://doi.org/10.1159/000343812>

Towards a Pan-European Definition of Complementary and Alternative Medicine – a Realistic Ambition?

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Keywords

Alternative medicine · Complementary medicine · Integrative medicine · CAMbrella · Health care reform · Consensus-oriented decision making

Summary

Background: The terms used for defining complementary and alternative medicine (CAM) including the methods, procedures and therapies vary greatly. The task of the CAMbrella working group on terminology was to explore the existing CAM terminologies and to develop a pragmatic definition of CAM that is acceptable Europe-wide. This can then be used to systematically research, e.g., its prevalence and legal status and to investigate the citizens' demands on CAM and the perspectives of providers of CAM in Europe. **Methods:** Terms and definitions were collected from both scientific and non-scientific sources. The terms and definitions identified were analysed and discussed among the CAMbrella working group participants on several occasions with the aim of arriving at a consensus. **Results:** We developed a proposal for a pragmatic European definition of CAM: 'Complementary and alternative medicine (CAM) utilised by European citizens represents a variety of different medical systems and therapies based on the knowledge, skills and practices derived from theories, philosophies and experiences used to maintain and improve health, as

well as to prevent, diagnose, relieve or treat physical and mental illnesses. CAM has been mainly used outside conventional health care, but in some countries certain treatments are being adopted or adapted by conventional health care.' **Conclusion:** Developing a uniform, pragmatic pan-European definition of CAM was complicated by a number of factors. These included the vast diversity of existing definitions, systems, disciplines, procedures, methods and therapies available within the EU.

Introduction

There have been numerous efforts to define complementary and alternative medicine (CAM) over the last 3 decades. These attempts have been challenged by the fact that CAM may include everything from ancient traditional medicine systems that have determined health care for millennia to interventions with proposed mechanisms that reach far beyond most conventional medical logic and reasoning. The plethora of terms and the lack of a consensus about definitions can have negative implications for research and clinical practice. This might, for example, prevent effective inter-professional collaboration between conventional and CAM practitioners,

which may in turn lead to impaired patient-centred care [1, 2]. The comprehensive CAMbrella project is an innovative and powerful response, which includes preparing the ground for future scientific research into CAM, that is appropriate for the health needs of European citizens and acceptable to their national research institutes and health care providers. To facilitate this response, our aim was to develop a pragmatic definition of CAM that is acceptable Europe-wide.

Material and Methods

We utilised a simplified version of the Consensus-Oriented Decision-Making model [3]. This offered a step-wise consensus process in which the working group outlined the process towards reaching a definition with the full participation of all members of the group. This model allowed the group to be flexible enough to make decisions when they needed to, while still following a format based on the primary values of consensus decision making. The working group comprised active researchers in the area of CAM from 6 European countries. The group members participated in several round-table discussions over the course of 32 months in addition to extensive electronic communication. Rough consensus was used with the aim to maximise the chance of accommodating the views of all group members. We systematically searched PubMed for definitions of CAM produced by different stakeholders, including citizens, patients and providers as well as global, European and national government agencies and academic institutions. The following search terms were employed with no language restrictions: definition, terminology AND CAM. In addition, a manual search of CAM-related journals and text books was made, which was complemented by an invited selection of relevant references to electronic and paper publications from the entire CAMbrella group, Advisory Board members and other experts in the field. Based on the various CAM definitions found and on their historical, cultural and geographic trajectories, we jointly developed and refined the proposed definition from the several rounds of discussions at a final project consensus meeting in May 2012.

Results

We were able to identify several high-impact conceptual definitions ranging from publications in the *New England Journal of Medicine* in 1993 [4] to the National Center for Complementary and Alternative Medicine, in the USA in 2000 [5]. We considered the most relevant and authoritative definition, albeit of Traditional Medicine, that was presented by World Health Organisation (WHO) in 2000 [6], while recognising that all the existing definitions left something to be desired. The WHO definition was selected as the best basis for the development of a pan-European definition due to its global relevance and endorsement by the WHO. The words in italics in the proposed definition are identical to the wording in the WHO definition, whereas the remaining wording was derived through our step-wise consensus process.

‘Complementary and Alternative Medicine (CAM) utilised by European citizens represents a variety of different medical systems and therapies based on the *knowledge, skills* and *practices* derived from *theories*, philosophies and *experiences*

used to maintain and improve health, as well as to *prevent, diagnose, relieve or treat physical and mental illnesses*. CAM has been mainly used outside conventional health care, but in some countries certain treatments are being adopted or adapted by conventional health care.’

Discussion

To facilitate future scientific research in CAM within Europe we have attempted to develop a European definition of CAM. The definition is similar in intention and wording to the current WHO definition of traditional medicine. This was deemed appropriate since most of the CAM systems and therapies used by European citizens are derived from different traditional medicine systems worldwide. These systems are used to maintain health, as well as to prevent, diagnose, improve or treat physical and mental illnesses. In addition, our definition also accounts for the unique and comprehensive European tradition of medicine, with its ancient Greek and Roman ‘humoral’ roots, including herbal medicine, manual methods, exercise and healthy nutrition. The proposed definition does not discriminate between the origins of a CAM therapy used or if it is provided by medical or non-medical practitioners, and it includes all CAM methods used by European citizens. We have also tried to accommodate the large variation in the acceptance and positioning of CAM in the conventional health care systems across European countries [7].

However, as we predicated, our definition suffers from several limitations. Using a more structured communication and consensus-building method, such as the Delphi method, would have allowed us to describe the process of arriving at our definition in a more transparent and quantitative manner. The proposed CAM definition does not discriminate between levels of evidence with respect to the safety and effectiveness of the various modalities and therapies. Our definition is difficult to operationalise because it does not tell us whether massage or omega-3 supplementation are CAM therapies in the same way that the Cochrane CAM field aims to do [8]. The many synonyms of CAM within the EU, such as alternative, complementary, unconventional, soft, natural and parallel, as well as the difficulties in universally defining specific CAM modalities are not addressed in this definition. These limitations and unresolved complexities are the reason why some researchers suggest that we should move beyond narrow and universal definitions of CAM [1].

We consider that it is not very fruitful to define CAM narrowly and universally as we have attempted to do. Since providers, researchers and policymakers often have different needs in relation to a CAM definition, each stakeholder should define exactly what they mean by the term CAM for each specific project. We wonder if considering an integrative health care system approach with a diversity of therapeutic

options and no particular differentiation between any evidence informed health care paradigms might be more appropriate [1]. This is clearly a challenge for future health systems and one that has also been identified by the director general of the WHO [9].

Acknowledgements

We would like to thank the International Coordinator of CAMbrella, Wolfgang Weidenhammer, the Advisory Board as well as all other leaders of the CAMbrella Work Packages for their valuable input to the discussion.

Disclosure Statement

This project was funded as part of CAMbrella Work Package 1 FP7-HEALTH-2009-3.1-3 (Grant No. 241951).

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